



The Commonwealth of Massachusetts
Department of Public Safety
Board of Building Regulations and Standards
McCormack State Office Building
One Ashburton Place – Room 1301
Boston, Massachusetts 02018

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Vice Chairman

SIX (6) COPIES OF THE COMPLAINT MUST BE SUBMITTED

Construction Supervisor License Complaint Form

This Section for State Use Only:	COMPLAINT NUMBER	
Complaint Received: _____		License Number: _____
State Inspector Assigned: _____		Expiration Date: _____
Date Assigned: _____		DPS Recommendation:
Report Received: _____		Hearing ? Dismiss ?

Please Print

Complainant:

Name: _____
Address: _____
Tel: () - Fax: () -

Property Location:

Address: _____

Construction Supervisor License Holder:

Name: _____ License Number: _____
Address: _____
Tel: () - Fax: () -

Nature of complaint:

On the reverse side of this sheet, please provide details of your complaint (use additional sheets as required) Please type or print legibly. Complaints **must** cite violations of the Massachusetts State Building Code. **COMPLAINTS WHICH DO NOT CITE VIOLATIONS OF THE BUILDING CODE ARE BEYOND THE JURISDICTION OF THE LICENSE REVIEW COMMITTEE AND WILL BE DISMISSED ACCORDINGLY.** Include a copy of the building permit application and copies of all other documentation or reports which support your complaint. Return **SIX** copies of the complaint to:

**BOARD OF BUILDING REGULATIONS AND STANDARDS - LICENSE REVIEW COMMITTEE
ONE ASHBURTON PLACE, ROOM 1301
BOSTON, MA 02108**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Complainant Name -Print

Signature

Date